

MEMORANDUM



Human Resources Department

To: City of Green Bay Employees, Dependents, Retirees and COBRA Participants

From: Human Resources

Re: 2013 MONTHLY PREMIUM RATES FOR EMPLOYEE, RETIREE & COBRA PARTICIPANTS

Date: November, 2012

Effective 1/1/2013, premiums for the self-funded health plan administered by UMR will decrease by 1.4% for active employees.

The premiums for Humana Dental will increase by 6%.

Dental Associates premiums will stay the same as they were in 2012.

Part-time employees should contact the Benefit Specialist for 2013 pro-rated premiums.

All employees excluding Police Union Employees **Bi-Weekly Deductions**

Health Plan - 15% - Single Plan, if Employee did not complete the HRA requirements.
15% - Family Plan, if neither Employee or Spouse completed the HRA requirements.
13.75% - Family Plan, only Employee or Spouse complete the HRA requirements.
12.5% - Single Plan, if Employee completed the HRA requirements.
12.5% - Family Plan, if Employee and Spouse both completed the HRA requirements

Dental Plan - Employees contribute 12.5% of the premiums.

BI-WEEKLY HEALTH INSURANCE DEDUCTIONS

Health Plan UMR	12.5% Employee Contribution		13.75% Employee Contribution		15% Employee Contribution		100% Premium	<u>COBRA</u>
	EE Amt	City Amt	EE Amt	City Amt	EE Amt	City Amt	Total Monthly Premium	
Single	\$37.50	\$262.50	N/A	N/A	\$45.00	\$255.00	\$600.00	\$612.00
Family	\$90.83	\$635.86	\$99.91	\$626.77	\$109.00	\$617.69	\$1,453.37	\$1482.44

BI-WEEKLY DENTAL INSURANCE DEDUCTIONS

DENTAL INSURANCE – 12.5%		Employee Amount	City Amount	Total Monthly Premium	<u>COBRA</u> Monthly Premium
Dental Plan (Humana Dental)					
	Single	\$2.42	\$16.94	\$38.73	\$39.50
	Family	\$7.35	\$51.48	\$117.66	\$120.01
Dental Plan (Dental Associates Care-Plus)					
	Single	\$2.10	\$14.72	\$33.65	\$34.32
	Family	\$6.38	\$44.73	\$102.22	\$104.26

POLICE Union Employees as of 01/01/2013

Bi-Weekly Deductions

Health Plan - 12.5% - Single Plan, if Employee did not complete the HRA requirements.
 12.5% - Family Plan, if neither Employee or Spouse completed the HRA requirements.
 8.75% - Family plan, only Employee or Spouse completed the HRA requirements.
 7.5% - Single plan, if Employee completed the HRA requirements or
 7.5% - Family plan, if Employee & Spouse both completed the HRA requirements

Dental Plan - Employees contribute 7.5% of the premiums.

BI-WEEKLY HEALTH INSURANCE DEDUCTIONS

Health Plan UMR	7.5% Employee Contribution		8.75% Employee Contribution		12.5% Employee Contribution		100% Premium	COBRA
	EE Amt	City Amt	EE Amt	City Amt	EE Amt	City Amt	Total Monthly Premium	Total COBRA Monthly Premium
Single	\$25.07	\$309.10	N/A	N/A	\$41.77	\$292.40	\$668.34	\$681.71
Family	\$60.71	\$748.81	\$70.83	\$738.69	\$101.18	\$708.35	\$1619.03	\$1651.41

BI-WEEKLY DENTAL INSURANCE DEDUCTIONS

Dental Plan (Humana Dental) – 7.5%	Employee Amount	City Amount	Total Premium	Total COBRA Monthly Premium
	\$1.45	\$17.91	\$38.73	\$39.50
	\$4.41	\$54.42	\$117.66	\$120.01
Dental Plan (Dental Associates Care-Plus)-7.5%				
	\$1.26	\$15.57	\$33.65	\$34.32
	\$3.83	\$47.28	\$102.22	\$104.26

CHANGES TO INSURANCE

You must complete new enrollment forms for a qualifying event change due to marriage, divorce, newborn children, adoption, death, or dependent children no longer eligible under the plans. If you don't notify Human Resources of changes within 30 days of the qualifying event, it will result in you and/or your dependents being required to have proof of creditable coverage. Forms are available from HR office.

It is the employee's responsibility to contact Human Resources regarding changes to insurance.

OTHER INSURANCE INFORMATION

Other insurance information must be updated annually. To be proactive and eliminate delay of claims payments, call UMR / Humana Dental / Dental Associates to verify if you or your family has other primary or secondary insurance. Please refer to your Insurance card(s) for the phone numbers of the Insurance carrier(s).

Retirees & COBRA Premiums as of 01/01/2013
Monthly Premiums

2013 Retiree & COBRA Insurance Health Plan Premiums			Retiree Premium	COBRA Premium
Health Plan – (UMR)	Single		\$640.20	\$653.00
	Family		\$1550.75	\$1581.77
Retiree High Deductible Plan - (UMR)	Single		\$443.92	\$452.80
	EE + 1		\$887.84	\$905.60
	Family		\$1531.39	\$1562.02
2013 Retiree & COBRA Insurance Dental Plan Premiums			Retiree Premium	COBRA Premium
Humana Dental Plan	Single		\$38.73	\$39.50
	Family		\$117.66	\$120.01
Dental Associates Plan	Single		\$33.65	\$34.32
	Family		\$102.22	\$104.26

RETIREE MEDICARE CARVE OUT PREMIUMS
for Retirees under age 65

2012 Retiree Medicare Carve Out Premiums (Retirees on Medicare and on our health plan, <u>under age 65</u>)		Plan 3	High Deductible
Single		\$520.47	\$360.90
Family with 1 Medicare Beneficiary		\$1132.02	\$742.08
Family with 2 Medicare Beneficiaries		\$1007.97	\$660.76